

Medical Coverage Comparison Chart

July 1, 2005 to June 30, 2006	Aetna Open Choice PPO		Aetna Open Access Elect Choice EPO	MMSI (Mayo) PPO	
	In-Network Benefits	Out-of-Network Benefits		In-Network Benefits	Out-of-Network Benefits
Choice of Physician	Choice of in-network physician(s) or out-of-network physician(s)		Choice of in-network physician(s) only, no pre-selection of a primary care physician necessary	Choice of in-network physician(s) or out-of-network physician(s)	
Deductible per Plan Year	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family	None	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family
Annual Out-of-Pocket Maximum	\$3,500 Individual \$7,000 Family	\$4,500 Individual \$9,000 Family	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family
Basic Care					
Primary Physician Office Visits (Family & General Practice, Internal Medicine, OB/GYN & Pediatrician)	90% after deductible	70% after deductible	\$15 co-pay per visit	\$15 co-pay per visit	70% after deductible
Specialist Physician Office Visit	90% after deductible	70% after deductible	\$25 co-pay per visit	\$25 co-pay per visit	70% after deductible
Outpatient X-ray & Laboratory	90% after deductible	70% after deductible	No co-pay	90% after deductible	70% after deductible
Physical, Occupational, Speech Therapy (maximum 60 visits per plan year)	90% after deductible	70% after deductible	\$15 co-pay per visit	90% after deductible	70% after deductible
Hearing & Vision					
Hearing Examinations	\$10 co-pay per visit	No benefit	\$10 co-pay per visit	\$10 co-pay per visit	No benefit
Vision Basic Examinations	\$10 co-pay per visit	No benefit	\$10 co-pay per visit	\$10 co-pay per visit	No benefit
Vision Materials (frames, lenses, contact lens exam/fitting, etc.)	Discounts available through Vision One program at Sears, JC Penney & Target		Discounts available through Vision One program at Sears, JC Penney & Target	Discounts available through LensCrafters	
Wellness					
Routine Physicals, Exams, Pap Smears and Mammograms	90% after deductible	70% after deductible	\$15 co-pay per visit, Mammograms - no co-pay	\$15 co-pay per visit	70% after deductible
Well Baby Care	90% after deductible	70% after deductible	\$15 co-pay per visit	\$15 co-pay per visit	70% after deductible
Chiropractor (maximum 20 visits per plan year)	90% after deductible	70% after deductible	\$15 co-pay per visit	90% after deductible	70% after deductible
Immunizations/Allergy Injections	90% after deductible	70% after deductible	No charge	No charge	No charge
Maternity Care					
Office Visits	90% after deductible	70% after deductible	\$15 co-pay first visit	\$15 co-pay first visit	70% after deductible
Delivery	90% after deductible	70% after deductible	\$150 co-pay	90% after deductible	70% after deductible
Inpatient Hospital Care & Outpatient Surgery					
Inpatient Hospital	90% after deductible	70% after deductible	\$150 co-pay per admission	90% after deductible	70% after deductible
Outpatient Surgery	90% after deductible	70% after deductible	\$100 co-pay	90% after deductible	70% after deductible

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	In-Network Benefits	Out-of-Network Benefits		In-Network Benefits	Out-of-Network Benefits
Emergency Care & Urgent Care					
Emergency Room (waived if admitted)	\$100 co-pay, plus 10% co-insurance after deductible	\$100 co-pay, plus 10% co-insurance after in-network deductible	\$100 co-pay	\$100 co-pay, plus 10% co-insurance after deductible	\$100 co-pay, plus 10% co-insurance after in-network deductible
Urgent Care Facility	\$50 co-pay, plus 10% co-insurance after deductible	\$50 co-pay, plus 10% co-insurance after in- network deductible	\$50 co-pay per visit	\$50 co-pay, plus 10% co-insurance after deductible	\$50 co-pay, plus 10% co-insurance after in- network deductible
Ambulance					
Ground	90% after deductible	70% after deductible	No co-pay	90% after deductible	90% after deductible
Air	90% after deductible	70% after deductible	No co-pay	90% after deductible	90% after deductible
Extended Care					
Home Health Care (maximum 40 visits per plan year)	90% after deductible	70% after deductible	\$15 co-pay per visit	90% after deductible	70% after deductible
Skilled Nursing (maximum 60 days)	90% after deductible	70% after deductible	\$150 co-pay per admission	90% after deductible	70% after deductible
Hospice Care	90% after deductible	70% after deductible	No co-pay, no deductibles	90% after deductible	70% after deductible
Prescriptions					
Generic	10% co-insurance (\$10 min-\$20 max)	50% co-insurance	10% co-insurance (\$10 min-\$20 max)	10% co-insurance (\$10 min-\$20 max)	50% co-insurance
Brand Name	20% co-insurance (\$20 min-\$40 max)	50% co-insurance	20% co-insurance (\$20 min-\$40 max)	20% co-insurance (\$20 min-\$40 max)	50% co-insurance
Non-Formulary	40% co-insurance (\$40 min-\$80 max)	50% co-insurance	40% co-insurance (\$40 min-\$80 max)	40% co-insurance (\$40 min-\$80 max)	50% co-insurance
Mail Order Generic	\$20 (90-day supply)	No benefit	\$20 (90-day supply)	\$20 (90-day supply)	No benefit
Mail Order Brand Name	\$50 (90-day supply)	No benefit	\$50 (90-day supply)	\$50 (90-day supply)	No benefit
Mail Order Non- Formulary	\$100 (90-day supply)	No benefit	\$100 (90-day supply)	\$100 (90-day supply)	No benefit
Mental Health					
CIGNA Behavioral Health Outpatient Psychological Consultations	No co-pay, no deductibles		No co-pay, no deductibles	No co-pay, no deductibles	
Non-CIGNA Behavioral Health Outpatient Psychological Consultations	In-network 90% after deductible, out-of- network 70% after deductible		No benefit	90% after deductible	
CIGNA Behavioral Health Inpatient Care	No benefit		\$150 co-pay per admission; covered at 80%	No benefit	
Non-CIGNA Behavioral Health Inpatient Care	\$150 co-pay per admission, covered at 80%		No benefit	\$150 co-pay per admission, covered at 80%	
Maximum Lifetime Benefit					
Lifetime Maximum	\$2,000,000		None	\$2,000,000	